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MMIS2

Medicaid Management Information System

A User's Guide

Massachusetts Department of Public Welfare

931/78

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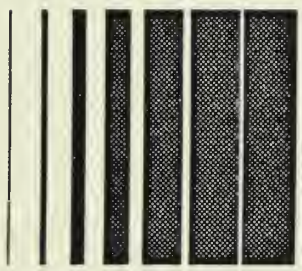

Chapter IV:
MMIS2 Reports

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MMIS2 REPORTS INTRODUCTION

The Medicaid Management Information System (MMIS2) Reports Guide is designed to provide local office staff with information and instructions on the purpose and use of various reports generated by MMIS2.

This document is divided into two sections. Section I consists of those reports received by all local office staff. Section II consists of long-term-care reports, which may also be received by local offices as well as long-term-care offices.

Each section consists of the following information:

- a facsimile of the report;
- a summary of the report, explaining its purpose and function;
- a data-element description chart; and
- procedures as to what actions, if any, need to be taken regarding the information on the report.

This document will be updated to include new reports and any modifications to existing reports.

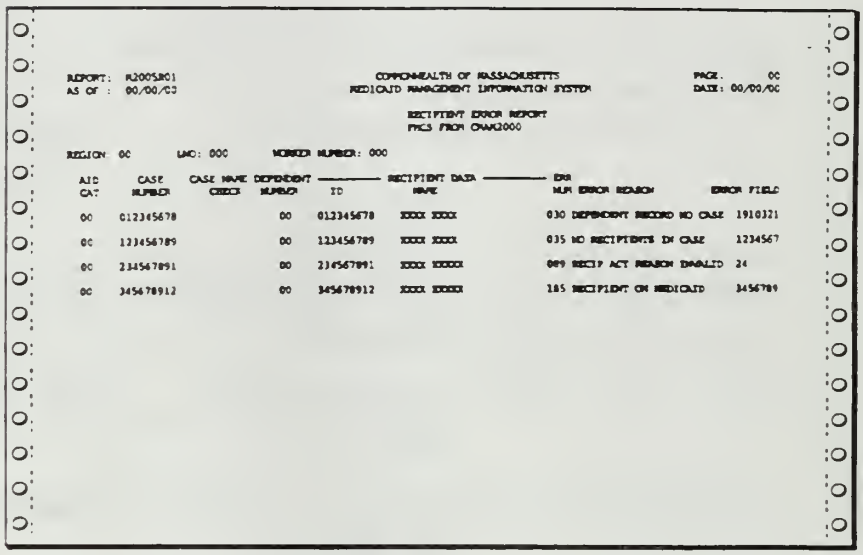
MMIS2 REPORTS CHART

The following chart provides key information for these reports.

Report Name	Frequency	Distribution
*Recipient Error Report (M2005R01)	daily/monthly	local/Central
Recipient Category 4 Under 21 Not on MA (M2023R01)	monthly	local/Central
Recipient Category 4 Age 65 not on MA (M2024R01)	monthly	local/Central
*Shared RID Report 204 Errors (M2100R01)	daily/monthly	local/Central
*006 Errors Report (M2100R02)	daily/monthly	local/Central
Merged ID Error Report (M2100R03)	monthly	local/Central
Possible Duplicates for Field Review Report (M2386R03)	monthly	local/Central
Recipient Active in More than One Case or Category (M2415R01)	monthly	local/Central
Cases with Recipients Open with Action Reason 03 for More than 45 Days (M2425R01)	monthly	local/Central

*It is important to note that the errors appearing on these reports can prevent the client from receiving MA benefits and a MassHealth card.

Recipient Error Report (M2005R01)



REPORT: M2005R01 COMMONWEALTH OF MASSACHUSETTS PAGE: 00
AS OF : 00/00/00 MEDICAID MANAGEMENT INFORMATION SYSTEM DATE: 00/00/00

RECIPIENT ERROR REPORT
FMCS FROM CHAC2000

REGION: 00 LMO: 000 WORKER NUMBER: 000

AID CAT	CASE NUMBER	CASE NAME CHECK	DEPENDENT NUMBER	RECIPIENT DATA ID	RECIPIENT DATA NAME	ERR NUM	ERROR REASON	ERROR FIELD
00	012345678		00	012345678	XXXX XXXX	030	DEPENDENT RECORD NO CASE	1910321
00	123456789		00	123456789	XXXX XXXX	035	NO RECIPIENTS IN CASE	1234567
00	234567891		00	234567891	XXXX XXXXX	009	RECIP ACT REASON INVALID	24
00	345678912		00	345678912	XXXX XXXXX	185	RECIPIENT ON MEDICAID	3456789

This report is a current error listing for correcting recipients that error off during the nightly update process. The Recipient Error Report is also produced monthly at the time of reconciliation. This report consists of four error types. Listed below is a description of the errors that are now identified on this report.

030: Dependent Record With No Case
Indicates that a dependent record has been processed by MMIS2, but the case record has not been processed. This error may not appear frequently, but if it does, complete and resubmit a TD with the corrected case information.

035: No Recipients in a Case
Indicates that a case record has been processed by MMIS2, but the dependent record has not been processed. To correct this error, complete and resubmit a TD with the corrected dependent information.

Recipient Error Report (M2005R01)(cont.)

089: Recipient Action Reason Invalid
This error indicates that an attempt was made to add a dependent with Action Reason 24 in a closed status to a case closed with an Action Reason other than Action Reason 24 (case closed due to support payments in excess of program limits. Case will receive MA benefits for the remainder of the calendar month of termination and the following three calendar months.). To correct this error, verify the case Action Reason and, if appropriate, submit a TD with the appropriate dependent or case information.

185: Recipient on Medicaid or CommonHealth
This error will be displayed when trying to open a recipient on CommonHealth when the recipient is currently on Medicaid or on CommonHealth. To correct this error, verify the status of each case and close the inappropriate category.

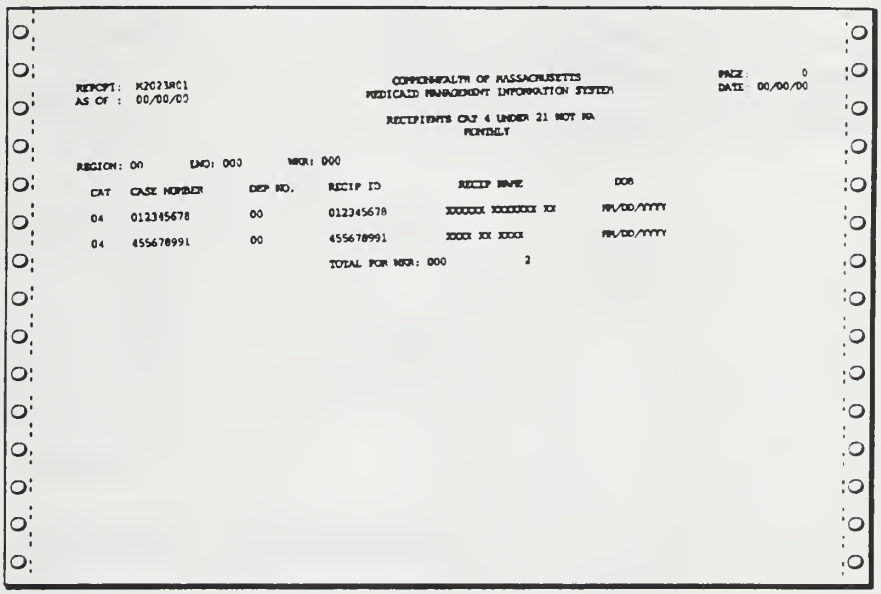
The following chart describes the information contained in each field of the Recipient Error report.

Field	Description
REGION	two-digit number identifying the specific region to which the LWO is assigned
LWO	three-digit number identifying the welfare office or other agency responsible for the case
WORKER NUMBER	three-digit number identifying the worker responsible for the case
AID CAT	two-digit number identifying the category of assistance of the case

Recipient Error Report (M5005R01) (cont.)

Field	Description
CASE NUMBER	grantee or head of household's social security number, unique facsimile number, or pseudo number
CASE NAME CHECK	first three letters of the grantee's or head of household's last name
DEPENDENT NUMBER	two-digit dependent number identifying the individuals within a case
RECIPIENT ID	recipient's social security number, unique facsimile number, or pseudo number
RECIPIENT NAME	name of the recipient in last name, first name, middle initial format
ERR NUM	three-digit number identifying the error reason
ERROR REASON	description of the error causing the recipient to appear on the report
ERROR FIELD	invalid error field contents

Recipient Category 4 Under 21 Not on MA (M2023R01)



REPORT: M2023R01
AS OF : 00/00/00

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE: 0
DATE: 00/00/00

RECIPIENTS CAT 4 UNDER 21 NOT MA
MONTHLY

REGION: 00 LWO: 000 WKR: 000

CAT	CASE NUMBER	DEP NO.	RECIP ID	RECIP NAME	DOB
04	012345678	00	012345678	XXXXXX XXXXXXX XX	MM/DD/YYYY
04	455678991	00	455678991	XXXX XX XXXX	MM/DD/YYYY

TOTAL FOR WKR: 000 2

This report lists category 4 recipients under the age of 21 who are not active on categories 6 through 8 and for whom federal reimbursement is available.

To help minimize these occurences, advise the recipient that he or she must apply for Medicaid.

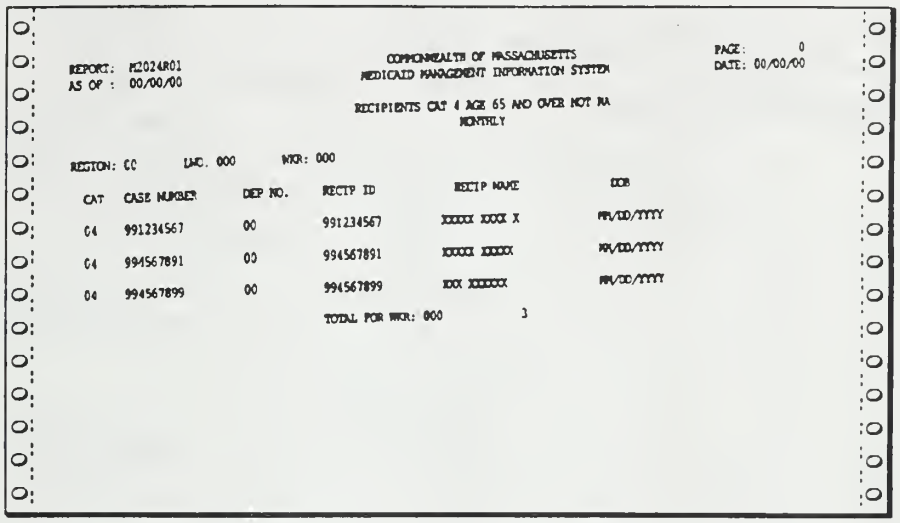
This report is produced on a monthly basis. The following chart describes the information contained in each field of this report.

Field	Description
REGION	two-digit number identifying the specific region to which the LWO is assigned
LWO	three-digit number identifying the local welfare office responsible for the case

Recipient Category 4 Under 21 Not on MA (M2023R01) (cont.)

Field	Description
WKR	three-digit number identifying the worker responsible for the case
CAT	two-digit number identifying the category of assistance of the case
CASE NUMBER	grantee or head of household's social security number, unique facsimile number, or pseudo number
DEPENDENT NO.	two-digit number identifying the individual within a case
RECIP ID	recipient's social security number, unique facsimile number, or pseudo number
RECIP NAME	name of the recipient in last name, first name, middle initial format
DOB	recipient's date of birth in MM/DD/YYYY format
TOTAL FOR WKR	total recipients by CAN

Recipient Category 4 Age 65 not on MA (M2024R01)



REPORT: M2024R01
AS OF : 00/00/00

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM

RECIPIENTS CAT 4 AGE 65 AND OVER NOT MA
MONTHLY

PAGE: 0
DATE: 00/00/00

REGION: CC LWO: 000 WKR: 000

CAT	CASE NUMBER	DEP NO.	RECIP ID	RECIP NAME	DOB
04	991234567	00	991234567	XXXXX XXXX X	MM/DD/YYYY
04	994567891	00	994567891	XXXXX XXXXX	MM/DD/YYYY
04	994567899	00	994567899	XXX XXXXXX	MM/DD/YYYY

TOTAL FOR WKR: 000 3

This report identifies recipients on category 4 who are 65 years of age and over and not on MA.

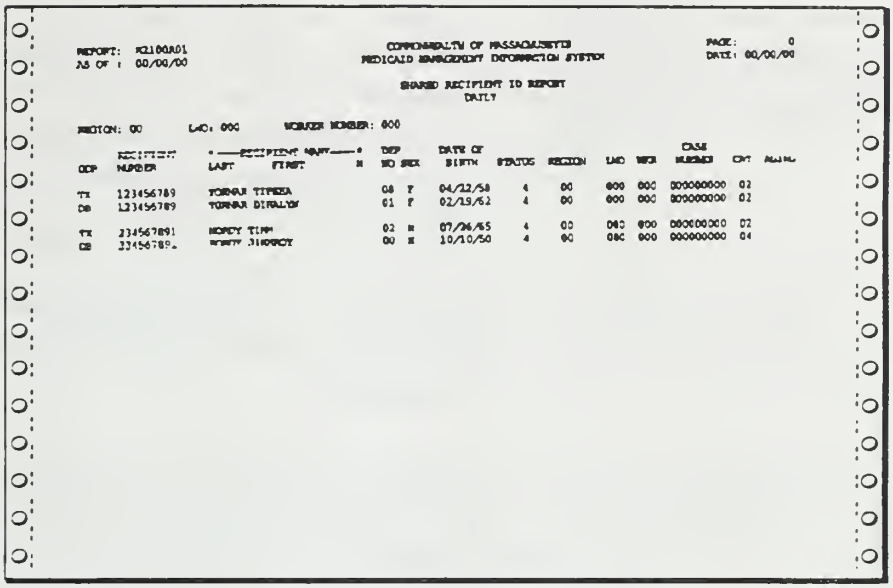
The following chart describes the information contained in each field of this report.

Field	Description
REG	two-digit number identifying the specific region to which the LWO is assigned
LWO	three-digit number identifying the local welfare office responsible for the case
WKR	three-digit number identifying the worker responsible for the case
CAT	two-digit number indicating the category of assistance of the case

Recipient Category 4 Age 65 not on MA (M2024R01) (cont.)

Field	Description
CASE NUMBER	grantee or head of household's social security number, unique facsimile number, or pseudo number
DEP NO.	two-digit number identifying the individual within a case
RECIP ID	recipient's social security number, unique facsimile number, or pseudo number
RECIP NAME	name of the recipient in last name, first name, middle initial format
DOB	recipient's date of birth in MM/DD/YYYY format
TOTAL FOR WKR	total recipients by CAN

Shared Recipient ID Report; 204 Errors (M2100R01)



REPORT: M2100A01
AS OF : 00/00/00

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE: 0
DATE: 00/00/00

SHARED RECIPIENT ID REPORT
DAILY

REGION: 00 LAO: 000 WORKER NUMBER: 000

DEP	RECIPIENT NUMBER	RECIPIENT NAME LAST	FIRST	M	DEP NO	SEX	DATE OF BIRTH	STATUS	REGION	LAO	WKR	CASE NUMBER	CAT	ALLPL
TX	123456789	TORRAS	TERESA		00	F	04/12/58	4	00	000	000	000000000	02	
DB	123456789	TORRAS	DERALDO		01	F	02/19/62	4	00	000	000	000000000	02	
TX	234567891	MURPHY	TIM		02	M	07/26/65	4	00	000	000	000000000	02	
DB	234567891	MURPHY	JIMMY		00	M	10/10/50	4	00	000	000	000000000	04	

This report notifies the worker that an attempt is being made to add an individual to the MMIS2 Recipient File with a recipient identification number (RID) that has already been entered on the file for another recipient or for the same recipient but with a different date of birth, sex, or spelling of the name.

This report has been enhanced to include the dependent number on the TX (transaction) line and is now sorted by CAN. This report also now identifies closed cases on the TX line. TX information refers to the recipient and the RID that you are attempting to add, and DB (database) refers to the individual and RID that already exist on the MMIS2 file.

Each set of shared RIDs must be examined to determine which RID is the correct RID for a given recipient. This could necessitate contacting another office or agency. The social security numbers of both recipients must be verified.

Shared Recipient ID Report; 204 Errors (M2100R01) (cont.)

If the same RID has been erroneously assigned to two recipients, the case records must be reviewed. The recipient who was assigned the number first (DB database line) retains the number, and a new facsimile number (or actual social security number, if one exists) must be obtained for the second recipient.

The worker who is trying to add a RID already on the MMIS2 Recipient File has primary responsibility for the case.

Whether the RID was incorrectly assigned on FMCS to a recipient who is on MMIS2 (DB) or to a recipient who is in error (TX), the worker must change the RID of the recipient for whom the number is incorrectly assigned on FMCS, according to the procedures that follow.

To correct the RID on PACES/FMCS, circle F in TD block 80, enter the dependent number (suffix) in TD block 81 and the correct social security number or unique facsimile number in TD block 83. If the correction is being made to the grantee (Dep 00), the correct social security number should also be entered in TD block 77.

If the RID is changed for the DB recipient on FMCS and successfully updates MMIS, the TX recipient will accrete to MMIS2 at RECON. If the RID is changed for the TX recipient on FMCS the recipient will accrete to MMIS2 the night that the transactrion is processed. If the recipient on the TX is not on MMIS2, claims cannot be paid on the recipient's behalf.

If the Shared RID situation involves a recipient from another state agency (DYS, MCB), the worker should work with the MMIS2 coordinator to resolve the problem.

Shared Recipient ID Report; 204 Errors (M2100R01) (cont.)

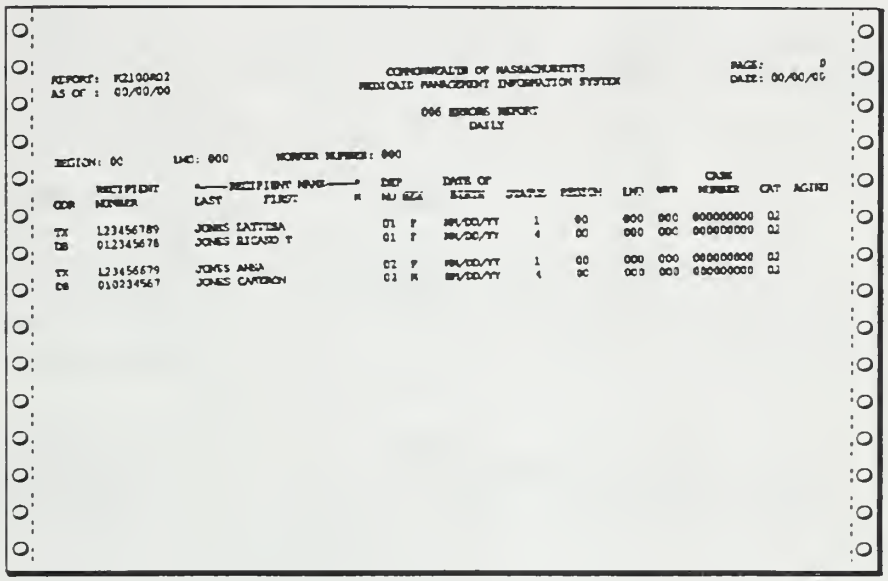
It is important to follow up on the errors listed on the report. This report is produced and issued to the field on a daily basis and also monthly at the time of reconciliation. The following chart describes the information contained in each field of this report.

Field	Description
REGION	two-digit number identifying the specific region to which the LWO is assigned
LWO	three-digit number identifying the welfare office or other agency responsible for the case
WORKER NUMBER	three-digit number identifying the worker responsible for the case
ODR	two alpha characters identifying the origin of the record; DB (Database) - indicates that the record already exists on file; TX (transaction) - indicates the attempted transaction being passed to MMIS2
RECIPIENT NUMBER	recipient's social security number, unique facsimile number, or pseudo number
RECIPIENT NAME	name of the recipient in last name, first name, middle initial format
DEP NO.	two-digit number identifying the individual within a case

Shared Recipient ID Report; 204 Errors (M2100R01) (cont.)

Field	Description
SEX	M = Male, F = Female
DATE OF BIRTH	recipient's date of birth in MM/DD/YY format
STATUS	one-digit number identifying the recipient's eligibility status: 1 - new, 2 - reopen, 3 - active, 4 - closed, or 5 - TMA
REG	two-digit number identifying the specific region to which the LWO is assigned
LWO	three-digit number identifying the welfare office or other agency responsible for the case
WKR	three-digit number identifying the worker responsible for the case
CASE NUMBER	grantee or head of household's social security number, unique facsimile number, or pseudo number
CAT	two-digit number identifying the category of assistance of the case
AGING	asterisk (up to 5) identifying the number of times this RID has appeared on the Shared RID report

006 Error Report (M2100R02)



REPORT: M2100R02
AS OF : 00/00/00

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE: 0
DATE: 00/00/00

006 ERRORS REPORT
DAILY

REGION: 00 UNIT: 000 WORKER NUMBER: 000

CODE	RECIPIENT NUMBER	RECIPIENT NAME LAST	FIRST	M	DEP NO	SEX	DATE OF BIRTH	STATUS	POSITION	UNIT	WORK	CASE NUMBER	CAT	ACTIVITY
TX	L23456789	JONES	LATTISA		01	F	MM/DD/YY	1	00	000	000	000000000	02	
DB	012345678	JONES	ELICARD	T	01	F	MM/DD/YY	4	00	000	000	000000000	02	
TX	L23456679	JONES	ANNA		02	F	MM/DD/YY	1	00	000	000	000000000	02	
DB	010234567	JONES	CAMERON		01	M	MM/DD/YY	4	00	000	000	000000000	02	

These errors indicate that a worker used a category/case/dependent number combination for a recipient on PACES that was already used for a different recipient. This different recipient information is on MMIS2.

To correct this error, verify the information on both PACES and MMIS2 Case option 2 screen. MMIS2 does not purge cases or dependents; therefore, never reuse a dependent number for a different person. In this situation, close the dependent on PACES and change the demographics back to those of the original MMIS2 dependent, and then establish the dependent to be added to PACES by using the next available dependent number from the MMIS2 Case List Screen. *It is important to check MMIS2 before trying to open/add/reopen a recipient on PACES.*

006 Error Report (M2100R02) (cont.)

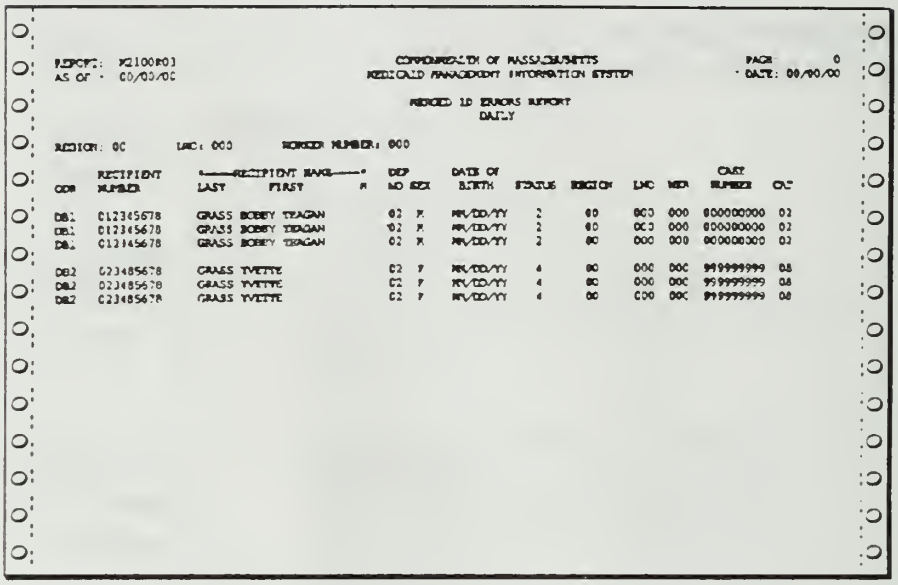
This report is produced daily and at monthly reconciliation. The following chart describes the information contained in each field of this report.

Field	Description
REGION	two-digit number identifying the specific region to which the LWO is assigned
LWO	three-digit number identifying the welfare office or other agency responsible for the case
WKR	three-digit number identifying the worker responsible for the case
ODR	two alpha characters identifying the origin of record; DB (Database) indicates that the record already exists on file; (TX) transaction indicates the attempted transaction being passed to MMIS2
RECIPIENT NUMBER	recipient's social security number, unique facsimile number, or pseudo number
RECIPIENT NAME	name of the recipient in last name, first name, middle initial format
DEP NO.	two-digit number identifying the individual within a case

006 Error Report (M2100R02) (cont.)

Field	Description
SEX	M = Male, F = Female
DATE OF BIRTH	recipient's date of birth in MM/DD/YY format
STATUS	one-digit number identifying the recipient's eligibility status: 1 - new, 2 - reopen, 3 - active, 4 - closed, or 5 - TMA
REGION	two-digit number identifying the specific region to which the LWO is assigned
LWO	three-digit number identifying the welfare office or other agency office responsible for the case
WKR	three-digit number identifying the worker responsible for the case
CASE NUMBER	grantee or head of household's social security number, unique facsimile number, or pseudo number
CAT	two-digit number identifying the category of assistance of the case
AGING	asterisk (up to 5) identifying the number of times this RID has appeared on the 006 Error report

Merged ID Error Report (M2100R03)



REPORT: M2100R03
AS OF : 00/00/00

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE: 0
DATE: 00/00/00

MERGED ID ERRORS REPORT
DAILY

REGION: 00 LOC: 000 WORKER NUMBER: 000

CDE	RECIPIENT NUMBER	RECIPIENT NAME LAST	FIRST	M	DEP NO	SEX	DATE OF BIRTH	STATUS	REGION	LOC	MEN	CASE NUMBER	CKC
DB1	012345678	GRASS	BOBBY	TEAGAN	02	M	MM/DD/YY	2	00	000	000	000000000	02
DB1	012345678	GRASS	BOBBY	TEAGAN	02	M	MM/DD/YY	2	00	000	000	000000000	02
DB1	012345678	GRASS	BOBBY	TEAGAN	02	M	MM/DD/YY	2	00	000	000	000000000	02
DB2	023485678	GRASS	YVETTE		02	F	MM/DD/YY	4	00	000	000	999999999	08
DB2	023485678	GRASS	YVETTE		02	F	MM/DD/YY	4	00	000	000	999999999	08
DB2	023485678	GRASS	YVETTE		02	F	MM/DD/YY	4	00	000	000	999999999	08

The Merged ID Error Report is a new report. It notifies the worker that an attempt is being made to change a RID of a recipient on MMIS2 to a second RID that already exists on the MMIS2 database for what appears to be a different recipient. The demographics on the transaction are compared to those on the database and, if four out of the five match, the RIDs are merged. If the demographics do not match, both RIDs appear on the report.

To correct this error, enter the correct demographics if it is the same person, or correct the RID if it is a different person.

Merged ID Error Report (M2100R03) (cont.)

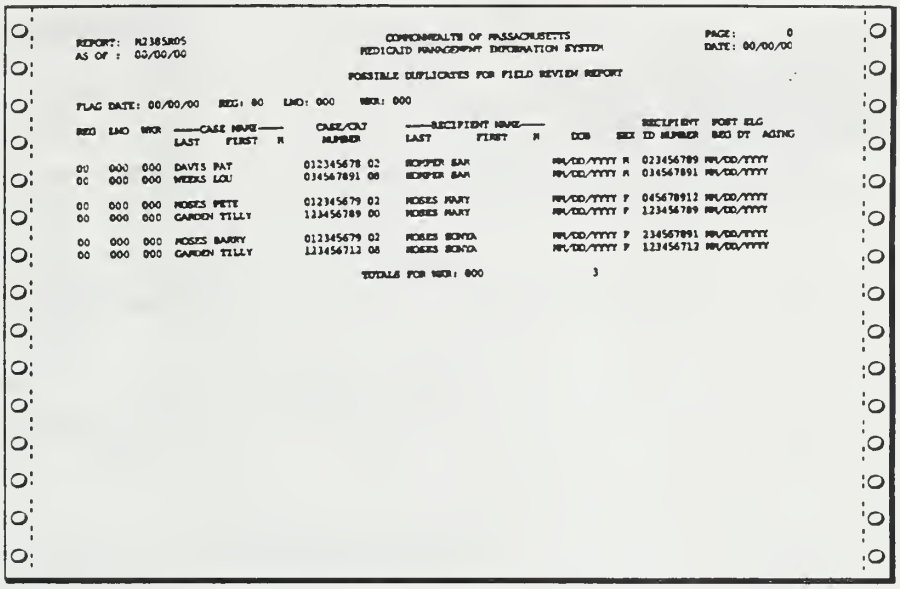
The following chart describes the information contained in each field of this report.

Field	Description
REG	two-digit number identifying the specific region to which the LWO is assigned
LWO	three-digit number identifying the welfare office or other agency office responsible for the case
WKR	three-digit number identifying the worker responsible for the case
ODR	two or three alpha characters identifying the origin of record; TX (transaction) - indicates data for recipient whose RID is being changed; DB1 (Database) - the same recipient (Name, DOB, Sex) from TX line displaying the RID that MMIS2 currently has for the recipient and the case(s) that recipient is in; DB2 (Database) - the same RID from the TX line displaying the recipient who currently has that RID on MMIS2 and the case(s) that recipient is in.
RECIPIENT NUMBER	recipient's social security number, unique facsimile number, or pseudo number
RECIPIENT	name of the recipient in last name,

Merged ID Error Report (M2100R03) (cont.)

Field	Description
NAME	first name, middle initial format
DEP NO.	two-digit number identifying the individuals within a case
SEX	M = Male, F = Female
DOB	recipient's date of birth in MM/DD/YY format
STATUS	one-digit number identifying the recipient's eligibility status: 1- new, 2 - reopen, 3 - active, 4 - closed, or 5 - TMA
REGION	two-digit number identifying the specific region to which the LWO is assigned
LWO	three-digit number identifying the welfare office or other agency office responsible for the case
WKR	three-digit number identifying the worker responsible for the case
CASE NUMBER	grantee or head of household's social security number, unique facsimile number, or pseudo number
CAT	two-digit number indicating the category of assistance of the case

Possible Duplicates for Field Review Report (M2386R03)



REPORT: M2385R05 — COMMONWEALTH OF MASSACHUSETTS — PAGE: 0
AS OF : 00/00/00 — MEDICAID MANAGEMENT INFORMATION SYSTEM — DATE: 00/00/00

POSSIBLE DUPLICATES FOR FIELD REVIEW REPORT

FLAG DATE: 00/00/00 REG: 00 LWO: 000 WKR: 000

REG	LWO	WKR	CASE NAME LAST	CASE NAME FIRST	M	CASE/CAT NUMBER	RECIPIENT NAME LAST	RECIPIENT NAME FIRST	M	DOB	SEX	RECIPIENT ID NUMBER	POST ELG REG DT	AGING
00	000	000	DAVIS	PAT		012345678 02	HOPPER	SAM		MM/DD/YYYY	M	023456789	MM/DD/YYYY	
00	000	000	WEEKS	LOU		034567891 08	HOPPER	SAM		MM/DD/YYYY	M	034567891	MM/DD/YYYY	
00	000	000	MOSES	PETE		012345679 02	MOSES	MARY		MM/DD/YYYY	F	045678912	MM/DD/YYYY	
00	000	000	GARDEN	TILLY		123456789 00	MOSES	MARY		MM/DD/YYYY	F	123456789	MM/DD/YYYY	
00	000	000	MOSES	BARRY		012345679 02	MOSES	SONIA		MM/DD/YYYY	F	234567891	MM/DD/YYYY	
00	000	000	GARDEN	TILLY		123456712 08	MOSES	SONIA		MM/DD/YYYY	F	123456712	MM/DD/YYYY	

TOTALS FOR WKR: 000 3

This report identifies recipients with similar demographics who appear to be active in multiple categories with different RIDs. This report is produced on a monthly basis.

The following chart describes the information contained in each field of this report.

Field	Description
FLAG DATE	date situation was identified
REG	two-digit number identifying the specific region to which the LWO is assigned
LWO	three-digit number identifying the welfare office or other agency office responsible for the case
WKR	three-digit number identifying the worker responsible for the case

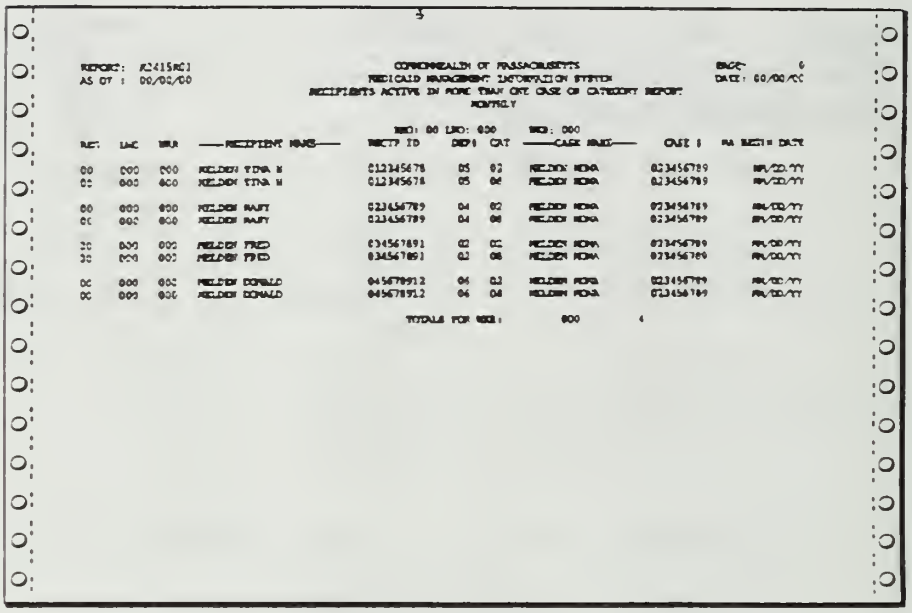
Possible Duplicate for Field Review Report (M2386R03) (cont.)

Field	Description
LWO	three-digit number identifying the welfare office or other agency office responsible for the case
WKR	three-digit number identifying the worker responsible for the case
CASE NAME	name of the grantee or head of household in last name, first name, middle initial format
CASE NUMBER	grantee's or head of household's social security number, unique facsimile number, or pseudo number
CAT	two-digit code indicating the category of assistance of the case
RECIPIENT NAME	name of the recipient in last name, first name, middle initial format
DOB	recipient's date of birth in MM/DD/YYYY format
SEX	M = Male, F = Female
RECIPIENT ID NUMBER	recipient's social security number, unique facsimile nimber, or pseudo number
POST ELG BEG DT	date the eligibility date was posted on MMIS2

Possible Duplicates for Field Review Report (M2386R03) (cont.)

Field	Description
AGING	asterisk (up to 5) identifying the number of times this RID has appeared on the Possible Duplicates report
TOTALS FOR WKR	total recipients by CAN

Recipients Active in More than One Case or Category (M2415R01)



REPORT: M2415R01
AS OF : 00/00/00

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
RECIPIENTS ACTIVE IN MORE THAN ONE CASE OR CATEGORY REPORT
MONTHLY

PAGE: 6
DATE: 00/00/00

REG: 00 LWO: 000 WKR: 000

REG	LWO	WKR	RECIPIENT NAME	RECIP ID	DEPN	CAT	CASE NAME	CASE #	MA RECT# DATE
00	000	000	WELDON TINA M	012345678	05	02	WELDON MONA	023456789	MM/DD/YY
00	000	000	WELDON TINA M	012345678	05	04	WELDON MONA	023456789	MM/DD/YY
00	000	000	WELDON MARY	023456789	04	02	WELDON MONA	023456789	MM/DD/YY
00	000	000	WELDON MARY	023456789	04	04	WELDON MONA	023456789	MM/DD/YY
00	000	000	WELDON FRED	034567891	02	02	WELDON MONA	023456789	MM/DD/YY
00	000	000	WELDON FRED	034567891	02	04	WELDON MONA	023456789	MM/DD/YY
00	000	000	WELDON DONALD	045678912	04	02	WELDON MONA	023456789	MM/DD/YY
00	000	000	WELDON DONALD	045678912	04	04	WELDON MONA	023456789	MM/DD/YY

TOTALS FOR REG: 000 6

This report lists recipients who are active with the same RID in more than one case or category. Review the report to determine if the recipient or case should be active in more than one case or category. If the recipient should not be active in more than one case or category, close the duplicate recipient or case listed on the report.

The following chart describes the information contained in each field of this report.

Field	Description
REG	two-digit number identifying the specific region to which the LWO is assigned
LWO	three-digit number identifying the welfare office or other agency office responsible for the case

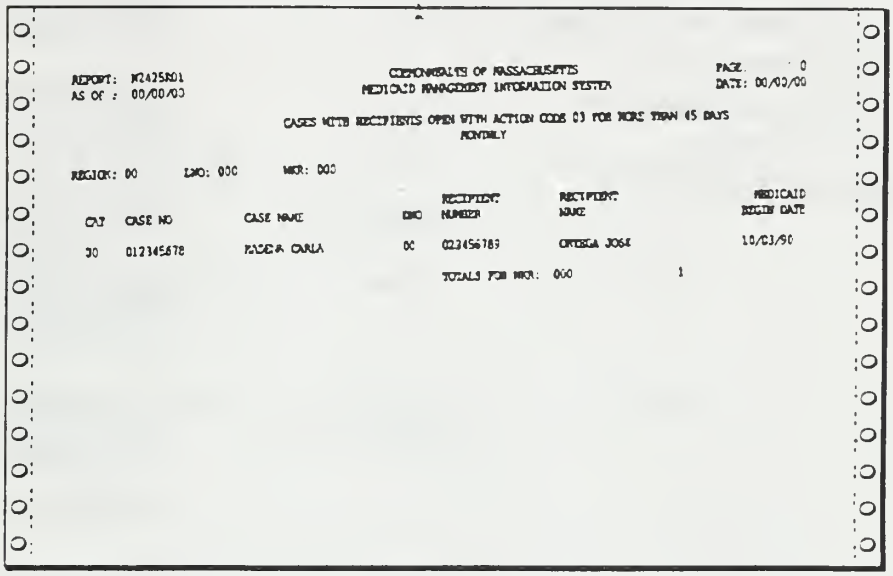
Recipient Active in More than One Case or Category (M2415R01) (cont.)

Field	Description
WKR	three-digit number identifying the worker responsible for the case
REG	two-digit number identifying the specific region to which the LWO is assigned
LWO	three-digit number identifying the welfare office or other agency office responsible for the case
WKR	three-digit number identifying the worker responsible for the case
RECIPIENT NAME	name of the recipient in last name, first name, middle initial format.
RECIP ID	recipient's social security number, unique facsimile number, or pseudo number
DEP#	two-digit number identifying the individual within a case
CAT	two-digit number identifying category of assistance of the case
CASE NAME	name of the grantee or head of household in last name, first name, middle initial format
CASE#	grantee or head of household's social security number, unique facsimile number, or pseudo number

Recipients Active in More than One Case or Category (M2415R01) (cont.)

Field	Description
MA BEGIN DATE	date MA eligibility began in MM/DD/YY format
TOTALS FOR WKR	total of recipients by CAN

Cases with Recipients Open with Action Reason 03 for More than 45 days (M2425R01)



REPORT: M2425R01
AS OF : 00/00/00

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE: 0
DATE: 00/00/00

CASES WITH RECIPIENTS OPEN WITH ACTION CODE 03 FOR MORE THAN 45 DAYS
MONTHLY

REGION: 00 LWO: 000 WKR: 000

CAT	CASE NO	CASE NAME	RMC	RECIPIENT NUMBER	RECIPIENT NAME	MEDICAID BEGIN DATE
30	012345678	RIVERA CARLA	00	023456789	ORTEGA JOSE	10/03/90

TOTALS FOR WKR: 000 1

This report identifies recipients who have been open with Action Reason 03 for more than 45 days. Recipients listed on this report may be potential errors. To resolve these potential errors, complete a TD to close the case or recipient or change the action reason to a valid code for the category of assistance. This report is produced on a monthly basis. The following chart describes the information contained in each field of this report.

Field	Description
REG	two-digit number identifying the specific region to which the LWO is assigned
LWO	three-digit number identifying the local welfare office responsible for the case
WKR	three-digit number identifying the worker responsible for the case

Cases with Recipients Open with Action Reason 03 for More than 45 days (M2425R01) (cont.)

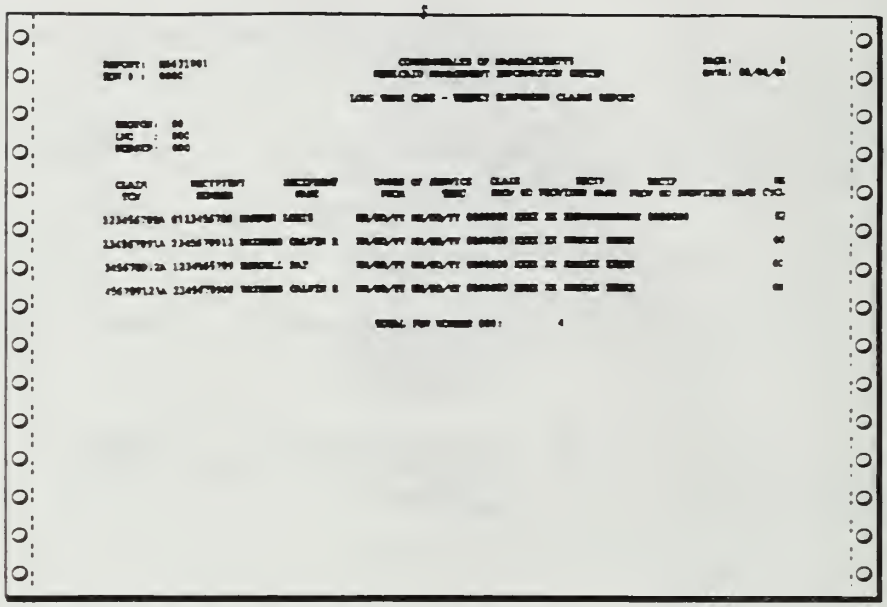
Field	Description
CAT	two-digit number identifying the category of assistance of the case
CASE NO.	grantee or head of household's social security number, unique facsimile number, or pseudo number
CASE NAME	name of the grantee or head of household in last name, first name, middle initial format
DNO	two-digit number identifying the individual within a case
RECIPIENT NUMBER	recipient's social security number, unique facsimile number, or pseudo number
RECIPIENT NAME	name of the recipient in last name, first name , middle initial format
MEDICAID BEGIN DATE	date MA eligibility began in MM DD/YY format
TOTALS FOR WKR	total recipients by CAN

MMIS2 LONG-TERM-CARE REPORTS CHART

The following chart provides key information for these reports.

Report Name	Frequency	Distribution
Weekly Suspended Report Claims (M6631R01)	weekly	local/Central
Patient-Paid Amount Conflict Report (M6632R01)	weekly	local/Central
Deceased Recipient Report (M6633R01)	weekly	local/Central

Weekly Suspended Claims Report (M6631R01)



This report identifies claims for long-term-care services that could not be paid by MMIS2 because a long-term-care segment specific to the provider and dates of service were not entered on the Recipient database. Long-term-care segments are required on MMIS2 to pay claims for approved LTC services for recipients in categories 0-3, 5-8, 14 and 15. The report lists recipients by CAN whose LTC segment data may require updating or verification of the specific provider and date of service information.

If no Recipient Provider Number and Name are displayed, this indicates that an LTC segment was not opened on MMIS2. If the Recipient Provider Number and Name displayed are different from the claim information, this indicates that there was an existing LTC segment on file for a provider other than the one which submitted the claim.

To resolve these discrepancies, you must update the MMIS2 Recipient File with a Long-Term-Care Source Input Document indicating the correct Provider Number, date of admission, PPA, PPA effective date and, if applicable, date of discharge.

Weekly Suspended Claims Report (M6631R01) (cont.)

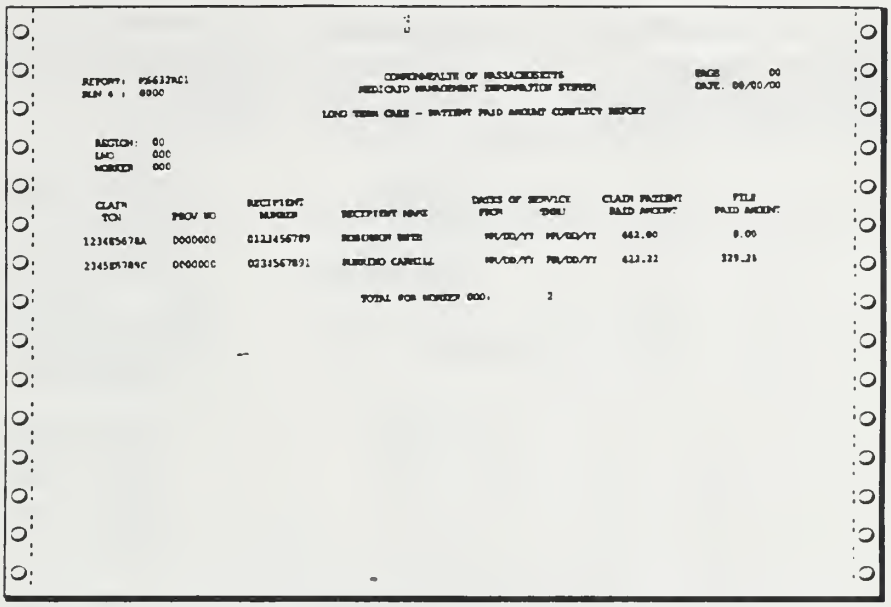
The following chart describes the information contained in each field of this report.

Field	Description
REGION	two-digit number identifying the specific region to which the LWO is assigned
LWO	three-digit number identifying the LTCO, local welfare office or other agency responsible for the case
WORKER	three-digit number identifying the worker responsible for the case
CLAIM TCN (TRANSACTION CONTROL NUMBER)	unique number assigned to a specific claim
RECIPIENT NUMBER	recipient's social security number, unique facsimile number, or pseudo number, plus check digit
RECIPIENT NAME	name of the recipient in last name, first name, middle initial format
DATES OF SERVICE	first and last dates of service for which the claim was submitted
CLAIM PROV NO/CLAIM PROVIDER NAME	LTC Provider's seven-digit identification number as entered on the claim and provider name associated with the provider number from the claim

Weekly Suspended Claims Report (M6631R01) (cont.)

Field	Description
RECIP PROV NO/RECIP PROVIDER NAME	provider number from the MMIS2 database for the recipient and provider name associated with the provider number on the MMIS2 database
RECYCL	number of times the MMIS2 has automatically attempted to pay the claim
TOTAL FOR WRK	total recipients by CAN

Patient-Paid Amount Conflict Report (M6632R01)



REPORT: P6632R01
RUN # : 0000

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 00
DATE: 00/00/00

LONG TERM CARE - PATIENT PAID AMOUNT CONFLICT REPORT

SECTION: 00
LAC 000
WORKER 000

CLAIM TCN	PROV NO	RECIPIENT NUMBER	RECIPIENT NAME	DATES OF SERVICE FROM	DATES OF SERVICE THRU	CLAIM PATIENT PAID AMOUNT	FILE PAID AMOUNT
123456789A	0000000	012345678	ROBINSON PETER	MM/DD/YY	MM/DD/YY	662.00	0.00
234567890C	0000000	023456789	RUSSELL CARROLL	MM/DD/YY	MM/DD/YY	622.22	329.26

TOTAL FOR WORKER 000: 2

The Long-Term-Care Patient Paid Amount Conflict Report lists recipients in long-term-care facilities whose patient-paid amount on MMIS is less than the amount deducted from the total monthly charge on the facility's most recent claim. The PPA Conflict Report is designed to notify the local offices and Long-Term-Care Offices that there may be available recipient income that is not reflected on PACES and the MMIS2 Recipient Files. If so, check the case record, PACES and MMIS for data accuracy, or contact the recipient, his/her representative, or the Long-Term-Care facility to determine the amount and source of the income. Once this is determined, update PACES and MMIS2 with the correct PPA.

Patient-Paid Amount Conflict Report (M6632R01) (cont.)

This report is produced weekly. The following chart describes the information contained in each field of this entire report.

Field	Description
REGION	two-digit number identifying the specific region to which the LWO is assigned
LWO	three-digit number identifying the LTCO, local welfare office, or other agency responsible for the case
WORKER	three-digit number identifying the worker responsible for the case
CLAIM TCN (TRANSACTION CONTROL NUMBER)	number assigned to a specific claim that identifies a PPA discrepancy
PROV NO.	unique seven-digit provider number of the long-term-care provider who submitted the claim
RECIPIENT NUMBER	recipient's social security number, unique facsimile number, or pseudo number, plus check digit
RECIPIENT NAME	name of the recipient in last name, first name, middle initial format
DATES OF SERVICE	first and last dates of service for which the claim was submitted

Patient-Paid Amount Conflict Report (M6632R01) (cont.)

Field	Description
CLAIM PATIENT PAID AMOUNT	patient-paid amount that the provider entered on the claim
FILE PAID AMOUNT	PPA on the MMIS2 long-term-care segment
TOTAL FOR WORKER	total recipients by CAN

Deceased Recipient Report (M6633R01)

REPORT: M6611R01 COMMONWEALTH OF MASSACHUSETTS PAGE: 00
RUN # : 0000 MEDICAID MANAGEMENT INFORMATION SYSTEM DATE: 00/00/00

DECEASED RECIPIENT REPORT

REGION: 00
LFO : 000
WORKER: 000

PROVIDER NAME	CASE NUMBER	CASE CATEGORY	RECIPIENT NUMBER	RECIPIENT NAME	DECEASED DATE ON CLAIM
MATTAPAN HOSPITAL	000000000	00	000000000C	XXXXXXXX XXXX	MM/DD/YY
MATTAPAN HOSPITAL	000000000	00	000000000C	XXXXXXXX XXXX	MM/DD/YY

TOTAL FOR WORKER 000: 2

The MMIS Deceased Recipient Report is generated from medical claims for recipients coded as deceased on the claim who are active on the MMIS2 Recipient Masterfile. This report is produced weekly and distributed to Central Office, local offices, long-term-care eligibility offices, MCB, DSS and DYS offices.

The Deceased Recipient Report ensures that the Department takes timely action to terminate assistance so that improper billing does not take place.

If the recipient is already closed, no further action is required. If further action is required, collateral verification of the death should be obtained and the recipient closed as of the date of death to avoid payment of posthumous claims.

You must determine whether there is a spouse or another family member whose eligibility will be affected by the death, determine whether the recipient is entitled to funeral and burial expenses (if requested), and complete a PACES Worksheet Supplement (categories 5 & 7 only), if appropriate.

Deceased Recipient Report (M6633R01) (cont.)

Field	Description
REGION	two-digit number identifying the specific region to which the LWO is assigned
LWO	three-digit number identifying the local welfare office or long-term care office or other agency responsible for the case
WORKER	three-digit case assignment number of the worker
PROVIDER NAME	name of provider who has submitted the claim (LTC and/or Community)
CASE NUMBER	grantee or head of household's social security number, unique facsimile number, or pseudo number
CASE CATEGORY	two-digit number identifying the category of assistance of the case or household member
RECIPIENT NUMBER	recipient's social security number, unique facsimile number, or pseudo number, plus check digit
RECIPIENT NAME	name of the recipient in last name, first name, middle initial format
DECEASED DATE ON CLAIM	date of service on claim
TOTAL FOR WORKER	total number of recipients reported for the worker